PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax
(571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless corrects maintenance fee notifica	ed below or directed oth	ig the Patent ierwise in B	, advance of lock 1, by (a	ders and notification specifying a new	corres	ondence address;	and/or	(b) indicating a separ	correspondence address as ate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
00826	7590 09/21	/2006			nave				dodo-	
ALSTON & BIRD LLP BANK OF AMERICA PLAZA						Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
101 SOUTH TRYON STREET, SUITE 4000 CHARLOTTE, NC 28280-4000						transmitted to the USPTO (571) 273-2885, on the date indicated below.				
CHARLOTTE,		sha Richardson			(Depositor's name)					
	_		aisho K	1/1	rardson	. (Signature)				
					De	cember 15	<u>, 20</u>	06	(Date)	
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVE	NTOR		ATTOR	NEY DOCKET NO.	CONFIRMATION NO.	
10/054,709	01/18/2002 .			Joseph G. Buehl		43314/236952		3314/236952	5418	
TITLE OF INVENTION	: SYSTEMS AND MET	HODS FOR	ESTABLIS	HING AND ADMIN	ISTER	ING SESSIONS I	N DIGI	TAL CABLE SYSTE	MS -	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE		PUBLICATION FEE DUE		PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO \$1400		400	\$300		\$0		\$1700	12/21/2006	
EXAMINER		ART	UNIT	CLASS-SUBCLASS						
SALTARELLI, DOMINIC D		26	23	725-087000	25-087000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.						
PLEASE NOTE: Un recordation as set fort (A) NAME OF ASSI- N2 Broadl Time Warn	THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Duluth, Georgia Stamford, Connecticut inted on the patent): Individual Corporation or other private group entity Government									
Please check the appropr	iate assignee category or	categories (will not be pr	rinted on the patent) :	<u> </u>	Individual KIC	orporatio	on or other private gro	ip entity Government	
4a. The following fee(s) **Sissue Fee **Publication Fee (N **Advance Order -		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 16-0005 (enclose an extra copy of this form).								
5. Change in Entity Sta	tus (from status indicate as SMALL ENTITY state		R 1.27.	☐ b. Applicant is r	o long	ger claiming SMA	LL ENT	ITY status. See 37 CF	R 1.27(g)(2).	
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if req	uired) will no	ot be accepte	d from anyone other	than th	ne applicant; a regi	stered at	ttorney or agent; or the	e assignee or other party in	
Authorized Signature	Min	L Gre	ster			Date	2-15	5-2006		
Typed or printed nam			Registration N			,				
This collection of inform an application. Confiden submitting the complete this form and/or suggest Box 1450, Alexandria, V Alexandria, Virginia 223	nation is required by 37 (stiality is governed by 35 d application form to this business for reducing this business for reducing this business are 22313-1450. DOI 13-1450.	CFR 1.311. T U.S.C. 122 USPTO. Ti rden, should O NOT SENI	he information and 37 CFR me will vary be sent to the property of the property	on is required to obta 1.14. This collection depending upon the e Chief Information COMPLETED FORI	in or reis est indiv Office MS TO	etain a benefit by t imated to take 12 idual case. Any co r, U.S. Patent and THIS ADDRESS	he publi minutes omments Tradem S. SEND	c which is to file (and to complete, including on the amount of tin ark Office, U.S. Depa TO: Commissioner f	by the USPTO to process) gathering, preparing, and the you require to complete truent of Commerce, P.O. or Patents, P.O. Box 1450,	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.